

*“Developing Realistic Strategies and Viable Options to Provide
Comprehensive and Affordable Health Insurance Coverage for All Michigan Citizens”*

Models Development Workgroup Data Request Form				
<u>Request Date:</u>	<u>Requesting Workgroup:</u>	<u>Name of Contact:</u>	<u>Contact's Telephone Number:</u>	<u>Contact's Email Address:</u>
9/29/05	Medicaid Expansion	Tameshia Bridges	(517) 372-8310	tbridges@paraprofessional.org
Request Title (Short Title)	Monthly Cost Per Medicaid Participant			
Data Request Description	We are requesting current per member/per month costs for Medicaid-enrolled non-disabled adults ages 18-64.			
Why is the Data Needed?	This data is needed to estimate the cost of adding individuals to the Medicaid program.			
How will the Data be Used?	See above			
How will Use of this Data Further SPG Project Goals?	This data will give the SPG Project information on the current costs to the Medicaid program.			
When is the Data Needed?	Next Models Development meeting			
What Potential Sources for this Data has Your Group Identified?	MDCH			
-----For MDCH Processing Only-----				
<u>Date Received</u>	<u>Log Number Assigned</u>	<u>Date Receipt Acknowledged</u>	<u>Date Sent for Data Request Review</u>	<u>Original Reviewers</u>
9/29/05	092905-1	9/29/05	9/30/05	Review Team